



► See instructions. Taxable period beginning _____, 20 ____, and ending _____, 20 ____.

Federal Identification Number _____			
A Name of General Partnership _____			<input type="checkbox"/> Change of Name Taxable Year Ending ___ / ___
Number and Street _____			Date Business Commenced or Qualified _____
City _____ State _____ ZIP Code _____ Telephone Number _____			Principal Business Activity in KY _____
			NAICS Code Number in KY (See www.census.gov) _____
B Number of Partners (Attach K-1s) _____	C Check if applicable: <input type="checkbox"/> Initial return <input type="checkbox"/> Publicly traded partnership <input type="checkbox"/> Qualified investment partnership		<input type="checkbox"/> Final return (Complete Part II) <input type="checkbox"/> Short-period return (Complete Part II) <input type="checkbox"/> Amended return (Complete Part III)
			D Provider 3-Factor Apportionment Code _____

PART I - ORDINARY INCOME (LOSS) COMPUTATION

1 Federal ordinary income (loss) (Form 1065, line 22)	1		00
ADDITIONS:			
2 State taxes based on net/gross income.....	2		00
3 Federal depreciation (do not include IRC §179 expense deduction).....	3		00
4 Related party expenses (attach Schedule RPC).....	4		00
5 Other (attach Schedule O-PTE)	5		00
6 Total (add lines 1 through 5).....	6		00
SUBTRACTIONS:			
7 Federal work opportunity credit	7		00
8 Kentucky depreciation (do not include IRC §179 expense deduction).....	8		00
9 Other (attach Schedule O-PTE)	9		00
10 Total (add lines 7, 8, and 9).....	10		00
11 Ordinary income (loss) (line 6 less line 10)	11		00

No Money Due

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of Officer	Date
	Name of Officer	Title
Paid Preparer Use	Signature of Preparer	Date
	Name of Preparer or Firm	ID Number
	Email and/or Telephone No.	May the DOR discuss this return with this preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Enclose	Include federal Form 1065 with all supporting schedules and statements.	Mail To	Kentucky Department of Revenue Frankfort, KY 40620
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PART II – EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- Checkboxes for: Ceased operations in Kentucky, Change of ownership, Successor to previous business, Change in filing status, Merger, Other

PART III – EXPLANATION OF AMENDED RETURN CHANGES

SCHEDULE Q – KENTUCKY GENERAL PARTNERSHIP QUESTIONNAIRE

IMPORTANT: Questions 3–10 must be completed by all general partnerships. If this is the general partnership’s initial return or if the general partnership did not file a return under the same name and same federal I.D. number for the preceding year, questions 1 and 2 must be answered. Failure to do so may result in a request for a delinquent return.

1 Indicate whether: (a) new business; (b) successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other
If successor to previously existing business, give name, address, and federal I.D. number of the previous business organization.
2 If a foreign general partnership, enter the date qualified to do business in Kentucky.

3 List the following Kentucky account numbers. Enter N/A for any number not applicable.
Nonresident Income Tax Withholding
Employer Withholding
Sales and Use Tax Permit
Consumer Use Tax
Unemployment Insurance
Coal Severance and/or Processing Tax

4 The general partnership’s books are in care of: (name and address)

5 Are disregarded entities included in this return?
Yes No. If yes, list name, address, and federal I.D. number of each entity.

6(a) For the taxable period being reported, was the general partnership a partner in a pass-through entity doing business in Kentucky?
If yes, list name and federal I.D. number of the pass-through entity(ies).

6(b) For the taxable period being reported, was the general partnership doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky?

7 Are related party costs per KRS 141.205(1)(l) included in this return?
If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Form 765-GP, Part I, Line 4.

8 Was this return prepared on: (a) cash basis, (b) accrual basis, (c) other

9 Did the general partnership file a Kentucky tangible personal property tax return for January 1, 2020?
If yes, list name and federal I.D. number of entity(ies) filing return(s):

10 Is the general partnership currently under audit by the Internal Revenue Service?
If yes, enter years under audit
If the Internal Revenue Service has made final and unappealable adjustments to the general partnership’s taxable income which have not been reported to the department, check here and file an amended Form 765-GP for each year adjusted. Attach a copy of the final determination to each amended return.



SCHEDULE K—PARTNERS’ SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

SECTION A	Distributive Share Items	Total Amount
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Income (Loss) and Deductions

1 Kentucky ordinary income (loss) from trade or business activities (page 1, line 11).....	1		00
2 Net income (loss) from rental real estate activities (attach federal Form 8825)	2		00
3 (a) Gross income from other rental activities	3(a)		00
(b) Less expenses from other rental activities (attach schedule)	(b)		00
(c) Net income (loss) from other rental activities (line 3(a) less line 3(b))	3(c)		00
4 Portfolio income (loss):			
(a) Interest income	4(a)		00
(b) Dividend income.....	(b)		00
(c) Royalty income	(c)		00
(d) Net short-term capital gain (loss) (attach federal Schedule D and Kentucky Schedule D, if applicable).....	(d)		00
(e) Net long-term capital gain (loss) (attach federal Schedule D and Kentucky Schedule D, if applicable).....	(e)		00
(f) Other portfolio income (loss) (attach schedule)	(f)		00
5 Guaranteed payments to partners	5		00
6 IRC §1231 net gain (loss) (other than due to casualty or theft)(attach federal Form 4797 and Kentucky Form 4797)	6		00
7 Other income (loss) (attach schedule)	7		00
8 Charitable contributions (attach schedule).....	8		00
9 IRC §179 expense deduction (attach federal Form 4562 and Kentucky Form 4562).....	9		00
10 Deductions related to portfolio income (loss) (attach schedule).....	10		00
11 Other deductions (attach schedule)	11		00

Investment Interest

12 (a) Interest expense on investment debts	12(a)		00
(b) (1) Investment income included on lines 4(a), 4(b), 4(c), and 4(f) above	(b)(1)		00
(b) (2) Investment expenses included on line 10 above	(b)(2)		00

Tax Credits—Nonrefundable (see instructions)

13 Enter the applicable tax credit			
(a) ➤ _____	13(a)		00
(b) ➤ _____	(b)		00
(c) ➤ _____	(c)		00
(d) ➤ _____	(d)		00
(e) ➤ _____	(e)		00



SCHEDULE K—PARTNERS’ SHARES OF INCOME, CREDITS, DEDUCTIONS, ETC.

SECTION A—continued	Distributive Share Items	Total Amount
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Tax Credits—Refundable

14 Certified Rehabilitation Tax Credit (attach Kentucky Heritage Council certification(s))..	14	00
15 Film Industry Tax Credit (attach Kentucky Film Office certification(s)).....	15	00

Other Items

16 (a) Type of IRC §59(e)(2) expenditures ▶	16(a)	
(b) Amount of IRC §59(e)(2) expenditures.....	(b)	00
17 Tax-exempt interest income	17	00
18 Other tax-exempt income.....	18	00
19 Nondeductible expenses	19	00
20 Total property distributions (including cash)	20	00
21 Other items and amounts required to be reported separately to partners (attach schedule).....	21	

SECTION B—LLET Pass-through Items (Required)

Corporations and Pass-Through Entities must include the proportionate share of the receipts of the limited liability pass-through entity or general partnership in computing its own apportionment factor.

1 Kentucky gross receipts.....	1	00
2 Total gross receipts	2	00
3 Kentucky gross profits	3	00
4 Total gross profits.....	4	00
5 Limited liability entity tax (LLET) nonrefundable credit.....	5	00

SECTION C—Apportionment Pass-through Items

1 Kentucky receipts from Schedule A, Part I, line 1	1	00
2 Total receipts from Schedule A, Part I, line 2.....	2	00

SECTION D—Apportionment for Providers (KRS 141.121(1)(e))

1 Kentucky property from Schedule A, Part I, line 5	1	00
2 Total property from Schedule A, Part I, line 6	2	00
3 Kentucky payroll from Schedule A, Part I, line 8.....	3	00
4 Total payroll from Schedule A, Part I, line 9	4	00